

## **SUPPLEMENTAL APPLICATION DATA SHEET**

### **APPLICATION INFORMATION**

Application Type::	Regular
Subject Matter::	Utility
CD-ROM or CD-R?::	None
Computer Readable Form (CRF)?::	No
Title::	Cable Terminal Sealing Facility
Attorney Docket Number::	30072-US1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Total Drawing Sheets::	
Small Entity?::	No
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### **APPLICANT INFORMATION**

Applicant Authority Type::	Inventor
Primary Citizenship Country::	US
Status::	Full Capacity
Given Name::	James
Middle Name::	Francis
Family Name::	McIntire
City of Residence::	West Linn
State or Province of Residence::	OR
Country of Residence::	US
Street of mailing address::	4027 Imperial Drive
City of mailing address::	West Linn
State or province of mailing address::	OR
Country of mailing address::	US

Postal or Zip Code of mailing address:: 97068

#### **APPLICANT INFORMATION**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Brian  
Middle Name:: Erik  
Family Name:: Haug  
City of Residence:: Portland  
State or Province of Residence:: OR  
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Street of mailing address:: 5521 N.E. Davis Street  
City of mailing address:: Portland  
State or province of mailing address:: OR  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 97213

#### **CORRESPONDENCE INFORMATION**

Correspondence Customer Number:: 000027788  
Name:: Tyco Electronics Corporation  
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Mail Stop R20/2B  
City of mailing address:: Menlo Park  
State or Province of mailing address:: CA  
Country of Mailing Address:: US  
Postal or Zip Code of mailing address:: 94025  
Phone number:: (650) 361-2483  
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**DOMESTIC PRIORITY INFORMATION**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	National Stage of	PCT/US2003/031541	10/03/03

**ASSIGNEE INFORMATION**

<u>Assignee name::</u>	<u>Tyco Healthcare Group LP</u>
<u>Street of mailing address::</u>	<u>15 Hampshire Street</u>
<u>City of mailing address::</u>	<u>Mansfield</u>
<u>State or Province of mailing address::</u>	<u>Massachusetts</u>
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